

UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA

## TRANSCRIPT ORDER FORM

Please use one form per court reporter per case, and contact court reporter directly immediately after e-filing form. (Additional instructions on next page.)

COURT USE ONLY

DUE DATE:

1a. Contact Person for this Order <b>Douglas Caiafa</b>	2a. Contact Phone Number <b>(310) 444-5240</b>	3a. Contact E-mail Address <b>dcaiafa@caiafalaw.com</b>
1b. Attorney Name (if different)	2b. Attorney Phone Number <b>(310) 444-5240</b>	3b. Attorney E-mail Address <b>dcaiafa@caiafalaw.com</b>

  

4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) <b>DOUGLAS CAIAFA, A PROFESSIONAL LAW CORPORATION</b> <b>118454 W. Olympic Blvd., Suite 1245</b> <b>Los Angeles, CA 90064</b>	5. Name & Role of Party Represented <b>Plaintiff Jose Jacobo</b>		
	6. Case Name <b>Jose Jacobo et al. v. Ross Stores, Inc. etc.</b>		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">7a. District Court Case Number <b>2:15-cv-04701-MWF-(AGRx)</b></td> <td style="width:50%;">7b. Appeals Court Case Number <b>17-56241</b></td> </tr> </table>	7a. District Court Case Number <b>2:15-cv-04701-MWF-(AGRx)</b>	7b. Appeals Court Case Number <b>17-56241</b>
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8. INDICATE WHETHER PROCEEDING WAS (choose only one per form):

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DIGITALLY RECORDED

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TRANSCRIBED BY A COURT REPORTER; NAME OF COURT REPORTER:

**Amy Diaz**9. THIS TRANSCRIPT ORDER IS FOR: ☒ Appeal ☐ Non-Appeal ☐ Criminal ☐ Civil ☐ CJA ☐ USA ☐ FPD ☐ In forma pauperis (Court order for transcripts must be attached)

10. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested, format(s), and delivery type):

You MUST check the docket to see if the transcript has already been filed, and if so, provide the "Release of Transcript Restriction" date in column c, below.

a. HEARING(S) OR PORTIONS OF HEARINGS (Attach additional pages if necessary. If sealed, a court order releasing transcript to the ordering party must be attached here or emailed to transcripts_cacd@cacd.uscourts.gov.)			b. SELECT FORMAT(S) (CM/ECF access included with purchase of transcript.)							c. RELEASE OF TRANS. RESTRICTION DATE	d. DELIVERY TYPE
DATE	JUDGE (name)	PROCEEDING TYPE / PORTION <small>If requesting less than full hearing, specify portion (e.g., witness or time). CJA orders: indicate if openings, closings, voir dire, or instructions requested.</small>	PDF (email)	TEXT / ASCII (email)	PAPER	CONDENSED (email)	CM/ECF ACCESS (web)	WORD INDEXING	(Provide release date of efiled transcript, or check to certify none yet on file.)	(One per line, but check with court reporter before choosing any type but "ordinary.")	
06/29/2017	Fitzgerald		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	ORDINARY (30-day)	
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

11. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC. CJA Orders: Explain necessity of non-appeal orders &amp; special authorizations to be requested in Section 14 of CJA-24 Voucher (attach add'l pages if needed).

12. ORDER &amp; CERTIFICATION. By signing below, I certify that I will pay all charges (deposit plus additional), or, where applicable, promptly take all necessary steps to secure payment under the Criminal Justice Act.

Date **September 11, 2017**Signature **/s/ Douglas Caiafa**